

CERTIFICATE OF DISPOSITION OF MATERIALS

INSTRUCTIONS: All items must be completed—print or type—send the completed certificate to the Department of Health Services, Radiologic Health Branch, P.O. Box 942732, MS 178, Sacramento, CA 94234-7320.

LICENSEE NAME AND ADDRESS	LICENSE NUMBER
	LICENSE EXPIRATION DATE

A. MATERIALS DATA (Check one and complete as necessary.)

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)

- ☐ 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE, **OR**
- ☐ 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (If additional space is needed, use the reverse side or provide attachments.)

Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions including the disposition of low-level radioactive waste, mixed waste, greater than Class C waste, and sealed sources, if applicable.

For transfers, specify the date of the transfer, the name of the license recipient, and the recipient's California license number of NRC or Agreement State name and the license number.

If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage).

Attach a list containing the location and description of all equipment to remain onsite after license termination that was contaminated when final decommissioning was initiated.

B. OTHER DATA

- ☐ 1. OUR LICENSE HAS NOT YET EXPIRED, PLEASE TERMINATE IT.
2. A RADIATION SURVEY WAS CONDUCTED BY THE LICENSEE TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE. (Check one)
- ☐ NO (attach explanation)
- ☐ YES, THE RESULTS: *(check one)*
- ☐ ARE ATTACHED, **or**
- ☐ WERE FORWARDED TO RHB ON (date): _____

3. PERSON TO BE CONTACTED

NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
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4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO**CERTIFYING OFFICIAL**

I certify that the foregoing is true and correct.

PRINT NAME AND TITLE	SIGNATURE	DATE
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